



17119 U.S. PTO
121303

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22386 U.S. PTO
10/735194



December 13, 2003

Mail Stop PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

VIA EXPRESS MAIL

Re: New Patent Application - Docket No. RAR105.09

Dear Sir or Madam:

Transmitted herewith is the new patent application for Stanley F. Chang, M.D., inventor, entitled: Polypectomy Snare for Specimen Retrieval.

Sincerely,

Richard A. Ryan
PTO Reg. No. 39,014

- Enclosures:
1. Credit Card Payment Form in the amount of \$385.00
 2. Patent Application Transmittal Letter
 3. 21 pages of description, claims & abstract
 4. Three (3) sheets of informal drawings
 5. Executed Declaration (w/Power of Attorney)
 6. Stamped, self-addressed return postcard

Certificate of Express Mailing - 37 C.F.R. § 1.10

Express Mail Label No.: ER 085423594US Date of Deposit: 12 / 13 / 2003

I hereby certify that the papers and/or fees identified in this letter are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above and is addressed to Mail Stop PATENT APPLICATION, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Richard A. Ryan

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PATENT APPLICATION TRANSMITTAL LETTER

Docket Number

RAR105.09

To the Commissioner of Patents and Trademarks:

Transmitted herewith for filing is the patent application of:

Inventor(s): Stanley F. Chang, M.D.

For (title): Polypectomy Snare for Specimen Retrieval

Enclosed are:

- ☒ 21 pages of written description, claims and abstract.
☒ 3 sheets of informal drawings.
☐ an assignment of the invention to _____
☒ executed declaration of the inventor(s).
☐ a certified copy of a _____ application.
☒ power of attorney.
☒ a verified statement to establish small entity status under 37 CFR 1.9 and 1.27.
☐ information disclosure statement
☐ preliminary amendment
☐ other: _____

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$770	\$770
TOTAL CLAIMS	11-20 =	* 0	x\$18	0
INDEPENDENT CLAIMS	3- 3 =	* 0	x\$86	0
MULTIPLE DEPENDENT CLAIM PRESENT			\$260	N/A
* NUMBER EXTRA MUST BE ZERO OR LARGER			TOTAL	\$ 770
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL	\$ 385

- ☒ A Credit Card Payment Form in the amount of \$ 385.00 to cover the filing fee is enclosed.
☐ The Commissioner is hereby authorized to charge and credit Deposit Account
No. _____ as described below. I have enclosed a duplicate copy of this sheet.
☐ Charge the amount of \$ _____ as filing fee.
☐ Credit any overpayment.
☐ Charge any additional filing fees required under 37 CFR 1.16 and 1.17.
☐ Charge the issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance, pursuant to 37 CFR 1.311(b).

12/13/2003
Date

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